

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046362

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 26 1962

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		Length of stay in 1b 2 wks.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) Campbell Ave.	
3. NAME OF DECEASED (Type or print) First MABLE Middle VICTORIA Last CABASIER		4. DATE OF DEATH Month December Day 14 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME Norman Stanley		11b. MOTHER'S MAIDEN NAME Cora Pierce	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. FATHER'S NAME Norman Stanley		13b. MOTHER'S MAIDEN NAME Cora Pierce	
14a. NAME OF HUSBAND OR WIFE John Raymond Cabasier		14b. ADDRESS So. Greenfield, Mo.	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) decompensated Cor Pulmonale		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 5-15-62 to 12-14-62 and last saw her alive on 12-14-62 Death occurred at 10:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh Baker (Degree or title) D.O.		22b. ADDRESS Miller, Missouri	
22c. DATE SIGNED 12-15-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-16-1962	23c. NAME OF CEMETERY Anderson Memorial Park	23d. LOCATION (City, town, or county) (State) Anderson, Ind.
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 16, 1962	
26. REGISTRAR'S SIGNATURE J. C. Canada			

USE BLACK INK
OR
TYPEWRITER RIBBON
Hugh Baker, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. C. Canada

Licensed Embalmer No. _____

P. O. Address _____

4196
Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above. .